

## **APPLICATION DATA SHEET**

### **Application Information**

<b>Application Number::</b>	Unassigned
<b>Filing Date::</b>	November 24, 2003
<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested Classification::</b>	n/a
<b>Suggested Group Art Unit::</b>	n/a
<b>CD-ROM or CD-R?::</b>	no
<b>Number of CD Disks::</b>	n/a
<b>Number of Copies of CDs::</b>	n/a
<b>Sequence Submission?::</b>	no
<b>Computer Readable Form (CFR)?::</b>	no
<b>Number of Copies of CFR::</b>	n/a
<b>Title::</b>	SHAFT SEALING APPARATUS
<b>Attorney Docket Number::</b>	36595
<b>Request for Early Publication?::</b>	199008
<b>Request for Non-Publication?::</b>	no
<b>Suggested Drawing Figure::</b>	n/a
<b>Total Drawing Sheets::</b>	7
<b>Small Entity?::</b>	no
<b>Latin Name::</b>	n/a
<b>Variety Denomination Name::</b>	n/a
<b>Petition Included?::</b>	no
<b>Petition Type::</b>	n/a
<b>Licensed US Govt. Agency::</b>	n/a
<b>Contract or Grant Numbers::</b>	n/a
<b>Secrecy Order in Parent Appl.::</b>	n/a

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** Japanese  
**Country::** Japan  
**Status::** Full Capacity  
**Given Name::** Tetsuya  
**Middle Name::**  
**Family Name::** WATANABE  
**Name Suffix::**  
**City of Residence::** Tsu-shi  
**State or Province of Residence::**  
**Country of Residence::** JAPAN  
**Street of Mailing Address::** c/oTsu Plant of Teijin Seiki Co, Ltd, 594  
**City of Mailing Address::** Tsu-shi  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** JAPAN  
**Postal or Zip Code of Mailing Address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** Japanse  
**Country::** Japan  
**Status::** Full Capacity  
**Given Name::** Hiroki  
**Middle Name::**  
**Family Name::** MORI  
**Name Suffix::**  
**City of Residence::** Tsu-shi  
**State or Province of Residence::**  
**Country of Residence::** JAPAN  
**Street of Mailing Address::** c/o Tsu Plant of Teijin Seiki Co., Ltd, 594

**City of Mailing Address::** Tsu-shi

**State or Province of Mailing Address::**

**Country of Mailing Address::** Japan

**Postal or Zip Code of Mailing Address::**

**Applicant Authority Type::** Inventor

**Primary Citizenship::** Japanese

**Country::** Japan

**Status::** Full Capacity

**Given Name::** Chohei

**Middle Name::**

**Family Name::** OKUNO

**Name Suffix::**

**City of Residence::** Tsu-shi

**State or Province of Residence::**

**Country of Residence::** JAPAN

**Street of Mailing Address::** c/o Tsu Plant of Teijin Seiki Co., Ltd., 594

**City of Mailing Address::** Tsu-shi

**State or Province of Mailing Address::**

**Country of Mailing Address::** JAPAN

**Postal or Zip Code of Mailing Address::**

**Applicant Authority Type::** Inventor

**Primary Citizenship::**

**Country::**

**Status::** Full Capacity

**Given Name::**

**Middle Name::**

**Family Name::**

**Name Suffix::**

**City of Residence::**

**State or Province of Residence::**

**Country of Residence::**

**Street of Mailing Address::**

**City of Mailing Address::**

**State or Province of Mailing  
Address::**

**Country of Mailing Address::**

**Postal or Zip Code of Mailing  
Address::**

### **Correspondence Information**

**Correspondence Customer Number::** 26694  
**Phone Number::** (202) 344-8257  
**Fax Number::** (202) 344-8300  
**E-Mail Address::** ccanderson@venable.com

### **Representative Information**

**Representative Customer Number::** 26694

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>This application is a</b>	<b>Division of</b>	<b>09/981,807</b>	<b>October 19, 2001</b>
	<b>Continuation of</b>		
	<b>Continuation of</b>		
	<b>Continuation of</b>		

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2000-324831	October 25, 2000	yes
Japan	2001-291877	September 25, 2001	yes

## Assignee Information

**Assignee Name::** Teijin Seiki Co., Ltd.  
**Street of Mailing Address::** 3-1, Nishi-shinbashi 3-chome  
**City of Mailing Address::** Minato-ku  
**State or Province of Mailing Address::** Tokyo  
**Country of Mailing Address::** JAPAN  
**Postal or Zip Code of Mailing Address::**